

**Application Data Sheet**  
**APPLICATION INFORMATION**

Application Number::  
Filing Date:: 09/09/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable From (CRF)?:: No  
Number of Copies of CRF::  
Title:: TISSUE FLAP ANGIOGENESIS  
Attorney Docket Number:: 224325  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ronald  
Middle Name:: G  
Family Name:: Crystal  
Name Suffix::  
City of Residence:: New York  
State or Prov. of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 435 East 70th Street Apt 34B

City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 10021  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Todd  
Middle Name:: K  
Family Name:: Rosengart  
Name Suffix::  
City of Residence:: Highland Park  
State or Prov. of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 1016 Brittany Road

City of mailing address:: Highland Park  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60035

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::  
Primary  
Associate

### **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This application Continuation of 09/406,345 09/28/99

### **FOREIGN APPLICATION INFORMATION**

Country:: Application Number:: Filing Date:: Priority Claimed

### **ASSIGNEE INFORMATION**

Assignee name:: Cornell Research Foundation, Inc.  
Street of mailing address:: Cornell Business & Technology Park  
20 Thornwood Drive, Suite 105  
City of mailing address:: Ithaca  
State or Province of

mailing address:: NY  
Country of mailing  
address:: US  
Postal or Zip Code of  
mailing address:: 14580